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Atty Docket No. 020184-000300US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Phan, Man U.

Group Art Unit 2665

OFFICIAL COMMUNICATION**FOR THE PERSONAL ATTENTION OF
EXAMINER PHAN, MAN U.****CERTIFICATION OF FACSIMILE TRANSMISSION**

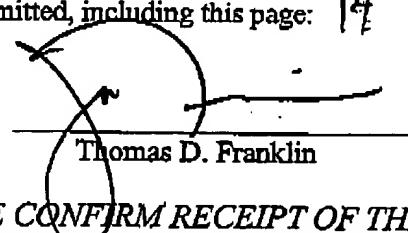
I hereby certify that the following documents in re Application of Abrahamsson et al., Application No. 09/852,939, filed May 9, 2001 for TRANSMISSION OVER PACKET SWITCHED NETWORKS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page);
2. Petition for Extension of Time - 1 month (1 page); and
3. Amendment (1 pages).

Number of pages being transmitted, including this page: 14

Dated: July 18, 2005


Thomas D. Franklin

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TRANSMITTAL FORM

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Total Number of Pages In This Submission

Application Number	09/852,939
Filing Date	May 9, 2001
First Named Inventor	Abrahamsson, Tina
Art Unit	2665
Examiner Name	Phan, Man U.
Total Number of Pages In This Submission	Attorney Docket Number 020184-000300US

ENCLOSURES (Check all that apply)

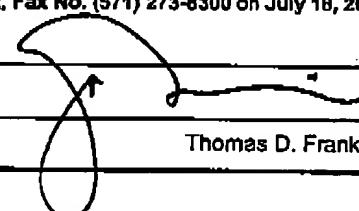
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Thomas D. Franklin		
Date	July 18 2005	Reg. No.	43,616

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, MAIL STOP: Amendment, Fax No. (571) 273-8300 on July 18, 2005.

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